

ABAG PLAN CORPORATION

INCIDENT REPORT

*Use this form to report incidents in which the city may be liable,
But no verified claim has been filed*

From: City/Town of _____

City/Town Incident # _____.

To: **ABAG PLAN CORPORATION**
P.O. Box 2050
Oakland, CA 94604-2050

Date and Time of Incident:

Department:

Location:

Name of Injured Party:

Address:

Phone:

Description of Incident:

DATE _____ SUBMITTED BY _____ PHONE (650) _____.

Distribution: Original to ABAG PLAN Corporation with enclosures.
Copy to City (providee).